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Sue Lyon**

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**Editor-in-chief,
PCCJ
Dr Chris Arden**



**Associate Editor,
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Professor
Michael Kirby**

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Partners in Education



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Associate Editor, *Primary Care Cardiovascular Journal*

Beverley Bostock-Cox

Editor-in-Chief, *British Journal of Primary
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Dr Matt Kearney, Associate Professor Jamie Waterall

In 2014, the Five-Year Forward View articulated clearly that, if the NHS is to be sustainable, it needs to get serious about prevention. The initial focus was on diabetes prevention; now the national prevention focus has switched to cardiovascular disease.

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Need-to-know information from new clinical research in cardiovascular disease prevention.



S14 It all starts with lifestyle

Beverley Bostock-Cox

Approaches to the prevention of cardiovascular disease (CVD) should be tailored to each individual. But almost everyone will benefit from lifestyle interventions that have been shown to reduce cardiovascular risk.

S17 Bradford's Healthy Hearts

Dr Youssef Beaini, Maciek Gwozdziwicz, Dr Chris Harris

The Bradford's Healthy Hearts programme was launched in February 2015. In the first 15 months of operation, the campaign has significantly improved the cardiovascular health of local people, and the clinical commissioning group estimates it has made net savings of £1.2m.

S21 Stroke prevention in atrial fibrillation

Dr Chris Arden

The prevalence of atrial fibrillation, together with associated stroke and systemic thromboembolic risk, is increasing significantly. Fortunately, we have clear, evidence-based guidelines and risk stratification tools to ensure that patients are able to make informed choices about optimising their treatment and care.

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What goes wrong in atrial fibrillation?

S26 Atrial fibrillation and stroke prevention: case finding in primary care

Dr Matthew Fay

Atrial fibrillation (AF) is asymptomatic in about one quarter of patients, and another quarter have the dysrhythmia diagnosed at the time of their AF-related stroke. Case finding with subsequent assessment of risk of stroke and bleeding are essential to ensure that the right patients receive appropriate intervention with oral anticoagulation.



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Publisher
Michael W Gibbs

Sherborne Gibbs Limited
Minerva Mill Innovation Centre
Station Road
Alcester
B49 5ET, UK
Tel: 01789 766098;
Fax: 01789 768610

Production
Email: production-cvd@bjpcn.com

**Advertising, Sales, Educational
Programmes & Special Projects**

Jane Boyle
Email: jboyle@sherbornegibbs.co.uk

**Circulation & Subscription
Enquiries**

Alison Langdon
Email: alangdon@sherbornegibbs.co.uk

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The first Health Survey for England (HSE) in 1994 showed that only half of patients with hypertension were diagnosed, of which half were treated and of those, only half were controlled. How have matters improved over the more than 20 years since the first HSE survey?



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NICE hypertension care pathway.



S34 Hypertension: case finding in primary care

Professor Mike Kirby

Hypertension is the most important single known risk factor for cardiovascular disease and related disability. Although the number of adults with untreated hypertension has fallen, England's performance still lags behind achievements in countries such as Canada and the USA, and there is scope for improvement.

S37 Chronic kidney disease and cardiovascular risk

Dr Kathryn E Griffith

This article seeks to demonstrate the close relationship between cardiovascular disease and kidney disease. It also highlights the importance of identifying people with chronic kidney disease as a means of recognising patients at high risk of both cardiovascular events and unplanned admissions.



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S44 Cholesterol and cardiovascular risk

Simon Williams

High cholesterol, together with hypertension and atrial fibrillation, results in a significant burden on the NHS, and on individuals and their families. Effective and well-tolerated lipid-lowering treatment improves outcomes for patients with elevated cholesterol, including those with familial hypercholesterolaemia.

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Benefits of weight loss.



S50 NHS RightCare: improvement at scale and pace

Amy Bowen

A national NHS England-supported programme, NHS RightCare helps to ensure that the best possible care is delivered as efficiently as possible, and that it is right for patients and will help us have a sustainable NHS, now and for the future.

S52 Resources

Information and tools for cardiovascular disease prevention from the NHS, professional societies and charities.